

## **908 KAR 1:372. Licensure of residential alcohol and other drug treatment entities.**

RELATES TO: KRS 222.231, 309.080(2)

STATUTORY AUTHORITY: KRS 222.231(2)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 222.231(2) requires the cabinet to promulgate administrative regulations to establish requirements and standards for treatment programs, including health and safety standards, patient care standards, and classification of alcohol and other drug programs according to type, range of services, and level of care provided. This administrative regulation establishes standards for residential alcohol and other drug treatment entities (AODE) that provide services to adult men, adult women, women with dependent children, or adolescents. Residential AODE programs include twenty-four (24) hour clinically managed residential withdrawal management, general residential treatment, family residential, residential transitional living, and adolescent residential treatment programs.

Section 1. General Requirements. Each type of residential AODE program as described in Section 2 through Section 6 of this administrative regulation shall implement written policies for separate housing of adult and adolescent clients, and male and female clients in accordance with the following:

- (1) Adult and adolescent clients shall be physically separated by floor, wing, or other physical barriers; and
- (2) Male and female sleeping quarters shall be physically separated by floor, wing, or other adequate physical barriers, ensuring the clients' rights to privacy and dignity in treatment.

Section 2. Clinically Managed Residential Withdrawal Management. (1) In addition to the licensing requirements of 908 KAR 1:370, a program offering clinically managed residential withdrawal management shall accept and provide services only to clients meeting the:

(a) Diagnostic criteria for substance-related disorder as established by the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for alcohol, tobacco, and other drug use; and

(b) Dimensional criteria for clinically managed residential withdrawal management as established in the most recent version of The American Society of Addiction Medicine (ASAM) Criteria.

(2) Clinically managed residential withdrawal management services shall:

(a) Be delivered by staff who:

1. Are qualified to meet the needs of clients; and

2. Provide twenty-four (24) hour supervision, observation, and support for clients who are intoxicated or experiencing withdrawal;

(b) Include care for clients whose intoxication and withdrawal signs and symptoms require twenty-four (24) hour structure and support without the need for medically monitored inpatient withdrawal management services; and

(c) Include:

1. Use of established clinical protocols to identify clients who are in need of:

a. Medical services beyond the capacity of the facility; and

b. Transfer to an appropriate level of care;

2. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems;

3. Protocols that shall be developed and supported by a physician knowledgeable in addiction medicine for use in determining the nature of any medical or nursing interventions required if a client's condition deteriorates and the client appears to need the care of a physician or

nurse;

4. Availability of medical evaluation and consultation twenty-four (24) hours per day;
5. Affiliation with other levels of care; and
6. Ability to arrange for appropriate laboratory and toxicology tests.

(3) Staff shall include clinical staff trained and competent to implement physician-approved protocols for:

- (a) Patient observation and supervision;
- (b) Determination of appropriate level of care; and
- (c) Facilitation of the client's transition to continuing care.

(4) Each clinician who is responsible for assessing and treating clients shall be able to obtain and interpret information regarding the needs of the clients, including:

- (a) The signs and symptoms of alcohol and other drug intoxication and withdrawal;
- (b) Appropriate treatment and monitoring of intoxication and withdrawal; and
- (c) How to facilitate entry into ongoing care.

(5) A program providing clinically managed residential withdrawal management that supervises self-administration of medication shall have written policies and procedures on the steps involved for self-administration, including:

(a) Identification in the client record of medication that requires physician approval prior to use; and

(b) The name of the staff person who monitored the self-administration of the medication.

(6) Therapies offered by a program providing clinically managed residential withdrawal management shall include:

(a) Daily clinical services to assess and address the needs of each client, including the following if needed:

1. Medical services, including:
  - a. Medically assisted withdrawal; or
  - b. Medication assisted treatment, provided onsite or through referral;
2. Individual counseling;
3. Group counseling; or
4. Withdrawal support;

(b) A range of cognitive, behavioral, medical, mental health, and other therapies as needed to enhance a client's understanding of:

1. Addiction;
2. Co-occurring disorders;
3. Completion of the withdrawal management process; and
4. Referral to an appropriate level of care for continuing treatment;

(c) Withdrawal rating scale tables and flow sheets that include tabulation of vital signs if needed;

(d) Interdisciplinary individualized assessment and treatment;

(e) Health education services; and

(f) Services to families and significant others.

(7) Elements of the assessment and treatment planning shall include:

(a) An individualized treatment plan established in accordance with 908 KAR 1:370, Section 19, including:

1. Problem identification in dimensions two (2) through six (6) of the most recent version of the ASAM criteria;
2. Development of treatment goals and measurable treatment objectives; and
3. Activities designed to meet the treatment objectives and management of withdrawal symptoms;

- (b) Daily assessment of:
  1. Progress during withdrawal management; and
  2. Any treatment changes;
- (c) Transfer and discharge planning, beginning at the point of admission; and
- (d) Referral and linkage arrangements for:
  1. Counseling;
  2. Medical care, including medication assisted treatment if not provided onsite;
  3. Psychiatric care; and
  4. Continuing care.
- (8) Progress notes shall:
  - (a) Be maintained in the client record in accordance with 908 KAR 1:370, Section 17(4)(h);
  - (b) Reflect implementation of the treatment plan;
  - (c) Document the client's response to treatment; and
  - (d) Include each amendment of the treatment plan.
- (9) A client shall continue with clinically managed residential withdrawal management until:
  - (a) Withdrawal signs and symptoms are sufficiently resolved so that the client can be safely managed at a less intensive level of care;
  - (b) The client's signs and symptoms of withdrawal have:
    1. Failed to respond to treatment; or
    2. Intensified so that transfer to a more intensive level of withdrawal management is indicated; or
  - (c) The client is unable to complete clinically managed residential withdrawal management despite an adequate trial, due to increasing depression, suicidal impulses, or other severe complication.

Section 3. General Residential Treatment Programs. (1) In addition to the licensing requirements in 908 KAR 1:370, a residential treatment program:

- (a) Shall evaluate the client's need for each of the following at admission:
    1. Alcohol and other drug abuse services;
    2. Employment services;
    3. Vocational education, training, or rehabilitation services;
    4. Disability services;
    5. Other health and human services; and
    6. Assistance in developing daily living skills;
  - (b) Shall establish and implement a policy for off-site supervision and transportation of clients to services provided outside of the facility, which shall:
    1. Indicate the method of transportation;
    2. Address the security and accountability for each client and his or her personal possessions;
    3. Address the transfer of client information to and from the provider of services;
    4. Ensure that a copy of current registration and current insurance information is maintained on file for each vehicle used to transport clients;
    5. Ensure that the name of each driver responsible for transporting clients is maintained on file;
    6. Identify the employee who accompanies the client, if appropriate; and
    7. Identify the destination for each client; and
  - (c) May provide clinically managed residential withdrawal management as established in Section 2 of this administrative regulation.
- (2) A residential treatment program shall provide each client with education regarding:

- (a) The disease of addiction;
- (b) The client's diagnosis;
- (c) The effects of alcohol and other drug abuse;
- (d) The risks of exposure to human immunodeficiency virus (HIV), hepatitis, and other health consequences of substance use disorder;
- (e) Family issues related to substance use disorder;
- (f) Recovery support groups specific to addiction recovery;
- (g) Medication assisted treatment; and
- (h) Understanding the interactions between mental health and addiction, including the most common types of co-occurring disorders.

(3) Information or education about alcohol and other drug abuse, including recovery shall be made available to a client's family or significant other.

(4) A client shall have access to printed materials, appropriate to the client's literacy level, and audio and video materials that are:

- (a) Presented multi-lingually on the basis of client composition of the facility; and
- (b) Related to the treatment of alcohol and other drug abuse.

(5) A residential treatment program client shall receive at least six (6) hours each day in structured activities, including participation in any of the following activities:

- (a) Alcohol and other drug abuse education;
- (b) Individual, group, or family counseling in which the client shall participate a minimum of ten (10) hours each week;
- (c) On-site or off-site recovery support meetings;
- (d) Life skills training;
- (e) Vocational training or an educational activity; or
- (f) Recreation.

(6) If counseling is provided in a group, there shall be a maximum of twelve (12) clients per clinician.

(7)(a) A residential treatment program shall provide a planned, diversified program of organized recreational activities that allow clients to participate on an individual or group basis as specified in the client treatment plan and coordinated with other client care services.

(b) Recreational activities shall be provided under the direction of staff as part of the client's schedule.

(8)(a) Progress notes shall be recorded in the client's record following the delivery of a clinical service or individual counseling session and shall include:

1. The type of service provided, including the:
  - a. Date of the service; and
  - b. Length of the service;
2. A description of the client's response to the service; and

3. Clinical impressions including the clinician's assessment of the client's progress or lack of progress toward achieving the objectives established in the treatment plan.

(b) In addition to paragraph (a) of this subsection, a progress note shall be made each week to document the client's progress in:

1. Employment;
2. Pursuing employment;
3. Participation in vocational education, training, or rehabilitation activities;
4. Participation in recovery support groups;
5. Training in daily living and recovery supports; and
6. Following through on referrals to services, if needed.

(9) A written recovery plan shall be:

(a) Developed by the client and the treatment team to identify and promote aspects of continuing care for substance use disorder that are associated with success in recovery;

(b) Provided to the client after he or she has achieved the initial stabilization goals of treatment; and

(c) Based on the client's needs at discharge, including activities and any referrals to support recovery.

(10) A discharge summary shall be completed within thirty (30) calendar days of discharge, including the client's:

(a) Date of admission;

(b) Date of discharge;

(c) Presenting problem;

(d) Evaluation of alcohol and other drug abuse or dependency;

(e) Summary of treatment;

(f) Response to treatment;

(g) Referrals made to other organizations or providers; and

(h) Reason for discharge.

(11) Other than a personal care or housekeeping task, if a client performs work in the residential treatment program that is part of a therapeutic activity, the work shall be voluntary and consistent with the treatment plan.

(12) A residential treatment program shall have written policies and procedures on the use of medication, including:

(a) Documentation in the client record of any medications the client is currently prescribed and taking;

(b) Documentation in the client record of any over-the-counter medication the client is taking;

(c) Steps involved for self-administration of over-the-counter medication, including identification in the client record of medication that requires physician approval prior to use;

(d) Documentation that any medications brought into the facility by a resident are not administered or allowed to be self-administered unless the medication has been identified and a written order to administer or allow for self-administration of the specific drug is given by the responsible prescribing practitioner;

(e) Documentation of the physician's verification in the client's record;

(f) Storage of all medications to ensure that all medications be kept in a locked, secure location inaccessible to clients;

(g) Administration of medication, including establishment of the times for administration of medication;

(h) Documentation in the client's record of self-administration of prescription or over-the-counter medication, including the:

1. Name of the medication;

2. Date and time of self-administration;

3. Dosage and amount of medication; and

4. Name of the staff person who monitored the self-administration of the medication.

(13) A residential treatment program shall have a first-aid kit with supplies necessary for use in responding to minor injury or illness.

(14)(a) If the program prepares meals on-site for a client, food services shall be provided in accordance with 902 KAR 45:005.

(b) A copy of the food service permit shall be maintained on site.

(c) There shall be documentation that meal planning is approved by a registered dietician.

(d) If clients prepare their own meals on-site or are otherwise responsible for their meals, a

food service permit shall not be required.

(e) Drinking water shall be freely available throughout the day, including mealtime.

(15) A residential treatment program shall be staffed twenty-four (24) hours per day, seven (7) days per week and have:

(a) A program manager, supervisor, or coordinator, including a designated staff person responsible for managing a program in the absence of the manager, supervisor, or coordinator;

(b) A sufficient number of personnel to meet client needs based on the:

1. Number of clients;
2. Need for assistance; and
3. Services delivered; and

(c) At least one (1) staff person on duty and awake at all times who is trained in:

1. Crisis intervention;
2. Cardiopulmonary resuscitation; and
3. Standard first aid.

(16) A residential treatment program shall ensure that in addition to the clients' rights established by 908 KAR 1:370, Section 16, the following clients' rights shall be fully protected:

(a) The right to visitation with family and friends, subject to written visiting rules and hours established by the program, except as provided in subsections (17) and (18) of this section;

(b) The right to conduct private telephone conversations, subject to written rules and hours established by the program, except as provided in subsections (17) and (18) of this section;

(c) The right to send and receive uncensored and unopened mail;

(d) The right to wear his or her own clothing subject to written program rules;

(e) The right to bring personal belongings, subject to limitation or supervision by the program;

(f) The right to communicate with his or her personal physician; and

(g) The right to practice his or her personal religion or attend religious services, within the program's policies and written policies for attendance at outside religious services.

(17) The administrator, program manager, or designee may impose limitations on any of the visitation or phone call procedures if limitations are:

(a) Therapeutically necessary; and

(b) Recorded in the client's record.

(18) The residential treatment program may require the client to open mail or packages in the presence of program staff for inspection.

(19) If more than one (1) type of residential AODE program operates in the same facility, staff may provide services in each program.

Section 4. Family Residential Program. (1) In addition to the requirements of 908 KAR 1:370 and Section 3 of this administrative regulation, a family residential program in which a client's children reside with the client:

(a) Shall provide parenting education to the client if identified in the client's treatment plan;

(b) Shall ensure and document that the children:

1. Are immunized at admission;
2. Show no signs of illness; and
3. Continue to receive primary medical care as needed during their stay at the facility;

(c) Shall develop and implement written policies to:

1. Include the maximum number of children permitted to reside in the facility at one (1) time;
2. Include the age of children permitted to reside in the facility;
3. Ensure that the needs of the children are assessed and met during treatment;
4. Ensure that the health, safety, and well-being of the children is protected; and

5. Require the client to sign a statement that outlines the client's responsibility for care of the client's child, including that:

a. The client shall have primary responsibility for ensuring the child's needs are met regarding:

- (i) Food;
- (ii) Clothing;
- (iii) Hygiene;
- (iv) Safety;
- (v) Discipline;
- (vi) Supervision; and
- (vii) Obtaining services in response to a referral made on behalf of the child; and

b. The client shall make prior arrangements for the care of the child before leaving the facility without the child; and

(d) May provide clinically managed residential withdrawal management as established by Section 2 of this administrative regulation.

(2) A family residential program shall:

(a) Identify and provide information to the client regarding community resources, including education and child care;

(b) Provide education about the effect on families and children regarding abuse of alcohol or other drugs; and

(c) Provide organized recreational activities:

- 1. Under the direction of staff; and
- 2. Posted on a schedule.

Section 5. Residential Transitional Living Program. (1) In addition to the licensing requirements of 908 KAR 1:370, a residential transitional living program that provides counseling services on-site shall:

(a) Comply with the requirements established for general residential treatment programs in Section 3(1), (6), and (8) to (17) of this administrative regulation;

(b) Ensure that each client participates in counseling and planned clinical program activities a minimum of five (5) hours per week. Client participation in any combination of individual, group, or family counseling shall be scheduled for no less than two (2) of the five (5) hours of weekly program activities; and

(c) Enable each client to attend recovery support meetings.

(2) A residential transitional living program that does not provide counseling services on-site shall:

(a) Comply with the requirements established for general residential treatment programs in Section 3(1)(a) and (b) and (d) through (f), and (8) through (17) of this administrative regulation;

(b) Ensure that a comprehensive biopsychosocial assessment is obtained on behalf of the client;

(c) Ensure that each client participates in counseling and planned clinical program activities a minimum of five (5) hours per week. Client participation in any combination of individual, group, or family counseling shall be scheduled for no less than two (2) of the five (5) hours of weekly program activities;

(d) Enable each client to attend recovery support meetings;

(e) Have a program manager who may be responsible for more than one (1) facility and shall:

- 1. Be responsible for the day-to-day management of the program, including:

- a. Supervising caseworkers; and
- b. Monitoring the implementation of program policies and procedures;
- 2. Complete training in accordance with 908 KAR 1:370, Section 10(1); and
- 3. Meet the education and experience requirements of a clinical services supervisor in accordance with 908 KAR 1:370, Section 10(3), or have at least a bachelor's degree from an accredited college or university, in addition to:
  - a. 4,000 hours of work experience in the alcohol and other drug treatment field post degree; and
  - b. Eighty (80) hours of alcohol and other drug abuse training within four (4) years immediately prior to the date of assuming responsibility as a program manager or no longer than two (2) years immediately after assuming responsibility as a program manager;
- (f) Have sufficient staff to ensure that a staff person that meets the minimum requirements of a program manager is responsible for managing a program in the absence of the program manager; and
- (g) Have caseworkers who:
  - 1. Shall be responsible for:
    - a. Coordinating clinical services in accordance with a client's treatment plan;
    - b. Monitoring a client's progress in relation to the treatment plan;
    - c. Conducting training on daily living and recovery supports; and
    - d. Making referrals; and
  - 2. Meet the training, education, and experience requirements of 908 KAR 1:370, Section 11(2) to (5).

Section 6. Adolescent Residential Treatment Program. (1) An adolescent residential treatment program shall be a freestanding residential facility or a distinct part of a facility in which care is provided to two (2) or more adolescent clients who are:

- (a) Under eighteen (18) years of age; or
- (b) Eighteen (18) to twenty-one (21) years of age, if placement in an adolescent program is determined to be the appropriate level of care upon completion of the assessment described by 908 KAR 1:370, Section 18(1) and (2).
- (2) In addition to the requirements of 908 KAR 1:370 and Section 3 of this administrative regulation, an adolescent residential treatment program:
  - (a) Shall admit adolescents only to areas within the facility approved by the cabinet for adolescent occupancy;
  - (b) Shall ensure that areas for adolescents are physically separated from any part of a facility occupied by or accessible to adult clients;
  - (c) Shall ensure that adolescent clients in the facility be separated if the age range is more than five (5) years;
  - (d) Shall have no fewer than two (2) staff members present and on site at all times;
  - (e) Shall have at least one (1) staff member within sight and sound and responsible for the supervision of no more than:
    - 1. Ten (10) adolescent clients during waking hours; and
    - 2. Twenty (20) adolescent clients during sleeping hours;
  - (f) Shall provide or coordinate the provision of educational services; and
  - (g) May provide clinically managed residential withdrawal management as established in Section 2 of this administrative regulation.
- (3) An adolescent residential treatment program shall:
  - (a) Make every effort to identify the resident's family dynamics, including family structure and patterns of relating, or interactions between family members;



(b) Engage and include the family in the resident's treatment as early as possible in accordance with 908 KAR 1:370, Section 9(9);

(c) Provide single family therapy, multi-family group therapy, and parental education sessions as clinically appropriate and as specified in the client's treatment plan;

(d) Assist the resident in developing a support system to help reinforce behavioral gains made during treatment; and

(e) Provide ongoing support with an emphasis on recovery supports.

(4) Educational services shall be provided by:

(a) The local school district in which the facility is located;

(b) An accredited private educational institution in the community; or

(c) An on-site school that:

1. Is operated by the facility and approved by the Kentucky Department of Education;

2. Is designed to maintain the educational and intellectual development of the adolescent;

3. If indicated, provides opportunities to remedy deficits in the educational level of an adolescent who has fallen behind as a result of involvement with substance use; and

4. Includes at least three (3) hours of instruction on days that education services are provided.

(5) Regardless of the method by which the educational services are delivered to clients, staff of the adolescent residential treatment program shall:

(a) Confer with teachers or their principals on the progress of each client; and

(b) If appropriate, encourage clients to become active in extracurricular school activities and make arrangements necessary to enable the client to participate.

(6) The adolescent residential treatment program shall ensure that any adolescent who legally is not attending school participates in a training program that provides:

(a) Necessary life skills;

(b) Vocational training; and

(c) Training on methods of job acquisition.

(7) Each resident shall be limited to no more than two (2) hours of entertainment-based screen time per day.

(8) Structured activities shall be developmentally appropriate to the resident.

(9) Food shall be served to residents in a common eating area and shall:

(a) Include at least three (3) meals per day, served with not more than a fifteen (15) hour span between the substantial evening meal and breakfast;

(b) Include between-meal and unscheduled snacks;

(c) Not be withheld as punishment and shall not be used as a reward;

(d) Take into account the special dietary needs and tastes of residents, such as diabetes and allergies;

(e) Be served in an amount appropriate to the age of the resident and include second servings, if requested; and

(f) Not be served while viewing television or using electronics.

(10) The following practices shall be expressly forbidden:

(a) Corporal punishment;

(b) Use of restraints of any sort;

(c) Use of a behavior management room; and

(d) Sanctions that include verbal, mental, or physical abuse.

(11)(a) Computer and internet usage shall be monitored.

(b) Blocking software or other controls shall be used to restrict access to inappropriate web sites.

(12) A resident shall receive assistance with personal care and hygiene based upon his or

her developmental skills.

Section 7. Infection Control. Each type of residential AODE program shall implement written policies and procedures for an infection control system, including orientation for all new personnel and annual in-service training for all personnel on proper hygiene related to infections prevalent among persons who use drugs.

Section 8. Physical Environment. (1) Each type of residential AODE program shall:

- (a) Comply with building codes, ordinances, and administrative regulations that are enforced by city, county, or state jurisdictions;
- (b) Be approved by the State Fire Marshal's office:
  - 1. Prior to initial licensure; or
  - 2. If the AODE changes locations;
- (c) Within the program's total square footage, have at least 120 square feet of space for each client residing in the facility;
- (d) Have at least one (1) toilet and one (1) sink per eight (8) clients;
- (e) Have at least one (1) shower or tub per fifteen (15) clients;
- (f) Provide space for a client to store clothing, linens, and personal belongings, including a receptacle that may be locked for the storage of personal property; and
- (g) Have separate rooms for the following:
  - 1. Sleeping;
  - 2. Dining;
  - 3. Bathing and toileting;
  - 4. Living and recreation;
  - 5. Laundry;
  - 6. Visiting; and
  - 7. Private consultation and counseling, which shall be conducted in an area where a client is assured privacy and confidentiality.
- (2) A client's bed shall have:
  - (a) A clean mattress; and
  - (b) Two (2) sheets, a pillow, and bed covering of sufficient quality to maintain resident comfort.
- (3) The premises shall be well kept and in good repair and meet the following requirements:
  - (a) The facility shall ensure that the grounds are well kept and the exterior of the building, including the sidewalks, steps, porches, ramps, and fences are in good repair;
  - (b) The interior of the building including walls, ceilings, floors, windows, window coverings, doors, plumbing, and electrical fixtures shall be in good repair; and
  - (c) Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the premises regularly.

Section 9. Client Care Environment. (1) Each type of residential AODE program shall meet the following housekeeping and sanitation conditions and implement policies that reflect the following:

- (a) The facility and its contents shall be clean to sight and touch and free of dirt and debris;
- (b) All rooms shall be free of condensation, mold growth, and noxious odors;
- (c) All equipment and materials necessary for cleaning, disinfecting, and sterilizing shall be available in the facility at all times, except as provided in subsection (3)(b) of this section;
- (d) Thermometers, which are accurate to within three (3) degrees Fahrenheit shall be kept in a visible location in refrigerators, freezers, and storerooms used for perishable and other

items subject to deterioration;

(e) Articles in storage shall be elevated from the floor and away from walls, ceilings, and air vents;

(f) Aisles in storage areas shall be kept unobstructed;

(g) Pest control methods that are safe for clients and staff shall be used to:

1. Minimize and eliminate the presence of rodents, flies, roaches, and other vermin in the facility; and

2. Prevent the breeding, harborage, or feeding of vermin;

(h) All openings to the outer air shall be effectively protected against the entrance of insects and other vermin;

(i) Toilet tissue, soap, and disposable towels or air driers shall be provided in each bathroom at all times, with soap and disposable towels or air driers provided at each hand washing sink;

(j) Bathrooms with multiple hand washing sinks shall provide at least one (1) soap dispenser and one (1) disposable towel dispenser or air drier for every two hand washing sinks;

(k) Except as provided in paragraph (j) of this subsection, a soap dispenser and towel dispenser shall be provided by each hand washing sink and utility sink throughout the facility;

(l) Mattresses, pillows, blankets, draperies, upholstery, and other fabrics or decorations shall be fire-resistant and flameproof;

(m) Latex foam pillows shall be prohibited;

(n) Equipment requiring drainage shall be drained to a sanitary connection;

(o) The temperature within client areas of the facility shall:

1. Be maintained at a minimum of seventy-two (72) degrees Fahrenheit; and

2. Not exceed eighty-two (82) degrees Fahrenheit;

(p) The facility shall maintain adequate ventilation in all areas used by clients; and

(q) The facility shall establish a written heat emergency action plan to be implemented if the indoor air temperature is eighty-two (82) degrees Fahrenheit or higher for four (4) consecutive hours.

(2) Each type of residential AODE program shall meet the following safety conditions and implement policies that reflect the following:

(a) Non-skid wax shall be used on all waxed floors;

(b) Throw rugs or scatter rugs shall not be used;

(c) All equipment shall be located in an unobstructed space that has been provided for operation;

(d) All household and cleaning products in the facility shall be identified, labeled, and securely stored in a cabinet, closet, or room that is inaccessible to clients;

(e) All furnishings shall be clean and in good repair, and mechanical equipment shall be in good working order; and

(f) All smoke detectors shall be fully operational.

(3) Each family residential program shall meet the following safety conditions in addition to the provisions set forth in subsections (1) and (2) of this section:

(a) Children shall not be exposed to lead-based paint hazards;

(b) Toxic chemicals, including cleaning agents shall be stored in locked cabinets or enclosed in areas not accessible to the children;

(c) All electrical outlets shall have protective covers;

(d) All fluorescent and incandescent light bulbs shall have protective covers or shields;

(e) All windows and other glass surfaces that are not made of safety glass and that are located three (3) feet above the floor or lower shall have protective guards;

(f) Non-permanent safety barriers shall be installed if the facility has stairs, ramps, balconies, porches, or elevated play areas;

(g) Materials and furniture for indoor and outdoor use shall be of sturdy and safe construction, be easy to clean and free of hazards;

(h) Children shall be kept away from hot stoves, irons and ironing boards, knives, glassware and other equipment within the facility that may cause injury;

(i) Poisons, insect traps, rodent traps, and similar products shall be kept out of reach of children; and

(j) All indoor and outdoor areas are maintained in a safe and sanitary manner. (45 Ky.R. 2539, 3215, 46 Ky.R. 459; eff. 8-19-2019; TAm eff. 3-17-2020.)